

JOB ORDER

(Non-Inventoriable Items)

Supplier: **DEPENDABLE PACKAGING & PRINTING HOUSE CORP.** Job Order No.: **15-08-099**
 Address: **2/F DPPHC Bldg., #53 Donesa St., West Canumay, Valenzuela** Date: **August 20, 2015**
 Tel.Fax No.: **292-7959, 293-2053** Terms of Payment: **On Account**
 Supplier Registered with: **PHILHEALTH** Mode of Procurement: **Small Value Procurement**

Please deliver to this office within **15 working days** upon approval of the following

Note: Additional (5) working days for approval of final sample

NO.	QTY	UNIT	SERVICE DETAILS	UNIT PRICE	TOTAL AMOUNT
1	300,000	pcs.	"My Philhealth Portal" Flyer Specifications: 2 kinds (150,000 per kind) Stock: Matte #100 Size: 4" x 8.5" Color: Full Color Process: Offset Printing Others: Two Side Print Packaging: packed in kraft paper (150lbs.) and according to distribution list. Mummified with packaging tape.	0.36	108,000.00
			LESS:		108,000.00
			EWT 2% 1,928.57 ✓		6,750.00 ✓
			GMP 5% 4,821.43 ✓		101,250.00 ✓
			RIV #		
			15-0863 dtd. 08/10/15 Cormar		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Job Order (J.O.) by the dealer is not indicated, it shall be deemed received on the day it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the PSMD at 15th Floor, Room 1501 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the goods.
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.
- The contracting parties undertake to comply with Office order No. 0018-2015 entitled "Reiteration of Philhealth No Gift Policy (Revision 1)" which is deemed incorporated into this Contract. No Philhealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group or association, or juridical entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.

Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php108,000.00	APPROVED:
CORAZON M. TABULAO Fiscal Controller III		LILIA R. GARRIDO Fiscal Controller III	CHERIE CARMEN B. DIVINA HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2015 Expense Code: 767-01/8047 Budget: 108,000 Remarks: change to contract Sept 2015			
Received copy of J.O on _____			CONFORME: Print Name and Signature of Supplier/Representative

Fixed 8/25/15 c/o Kevin
 294-6021

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 TeleFax: 637-3158 537-4735

SBAC-PS-14

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LESS:					108,000.00
FMT 2%				1,929.47	6,750.00
GMA 3%				4,321.43	101,250.00
R/V # 15-0863 ch3. 08/10/15 Coroner					

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Very truly yours,

ELY E. ROXAS

Administrative Officer III

Certified Budget Available:	Funds Available in the amount of:	Php108,000.00	APPROVED:
<i>Corazon M. Tabulao</i> CORAZON M. TABULAO Fiscal Controller III	<i>Lilia B. Garrido</i> LILIA B. GARRIDO Fiscal Controller II		<i>Cherie Carmen B. Divina</i> CHERIE CARMEN B. DIVINA HEAD, SBAC & Procurement Office HEAD OF THE AGENCY or Authorized Representative
Within the CG:	2015		
Expense Code:	762-01/504-1		
Budget:	108,000		
Remarks:	change to Coroner		
Received copy of J.O on	August 25, 2015	CONFIRME:	<i>Rowena Awina</i> Print Name and Signature of Supplier/Representative